Y	PLEASE READ	ALL INST	RUCTION	S BEFORE C	OMPLET	ING THIS FORM.	R
APF REIN	ALCATION FOR) TATEMENT	\mathcal{N}	A DEPARTMI Katherine I Secretary of VISION OF CORP	State		HES RY OF STATE CORPURATIO :	W
DOCUMENT # F9900004815 1. Corporation Name					00 NOV -	1 PH 6:36	
FOOD	TRADER.COM, INC.						
2655 LEJEUNE ROAD. STE. 600 2655 LE.			ddress Jeune Road, Ste. 600 Gables Fl. 33134				
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						orated or Qualified	
3)91 Coral Way 3191 Suite, Apt. #, etc. Suite, Apt. Suite 904 Suite		Suite, Apt. #,	e 904		To Do Busii 5. FEI Numbe	ADDUCTO COD	
Zip Country Zip			Miami, FL Country		APPLIED FOR Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		quired
	and Street Addresses of Each Officer and			orations must list at le	ast 3 directors)		
Title(s) 1 Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director			City / State / Zip	
,PSB D	PSB TOMASINO, FRANK			E ROAD, STE. 600	904	CORAL GABLES FL 33134 Minnig FL 33145	
- VD· - BOSWICK, TOR -			-2655-LEJEUNE ROAD, STE. 600-		.	-CORAL GABLES FL 33134	
V/M	V/M Lynn, Jack			rel Weny, Sui	te 904	Miami, FL 33145	
					61	DOOO3471846 -11/21/0001022014 ****150.00 ****150.00	4
		* = 1/1/11				100.50 ++++130.50	-
8. Name and Address of Current Registered Agent Name					- 9. Name and	Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Addres					(P.O. Box Number is Not Acceptable)		
	TATION FL 33324		Suite, Apt. #, Etc.		Air	5	
City 10. I, being appointed the registered agent of the above named corporation, am famillar with and				City	State Zip Code FL State Zip Code		
Signature o Registered	Agent WWW 1910	eds	SENT MUST SIGN	VICKY (SPECIAL ASSIS	GOLDSTEIN	10/20/00	
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.							
SIGNATURE: SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							



3191 Coral Way PH 201 Miami, Florida 33145 USA +1 (305) 461-2939 +1 (305) 461-0250 Fax

e-mail: sales@foodtrader.com



October 23, 2000

Florida Department of State Division of Corporations 409 East Gaines St. Tallahassee, Florida 32399

Dear Sir or Madam:

We received a Notice of Administrative Dissolution or Revocation from your department for failure to file our 2000 Annual Report/Uniform Business Report. Enclosed is the Application for Reinstatement along with a check for the regular report filing fee of \$150. Our Company has moved twice in the previous year and former management unintentionally failed to notify your Department or our Registered Agent of our address changes. We therefore did not receive your requests for the Annual Report/Uniform Business Report or notification from our Registered Agent that these forms were due. We regret our delay in filing and ask that you please waive the Reinstatement fees associated with the attached form.

Thank you for your attention in this matter.

Sincerely,

Jack Lynn

Chief Financial Officer